

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-037-712

FILING DATE

3-10-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						31						
2		/					32						
3		/		/			33						
4		/		/			34						
5		/		/		/	35						
6		/				/	36						
7						/	37						
8						/	38						
9						/	39						
10						/	40						
11						/	41						
12							42						
13							43						
14							44						
15							45						
16							46						
17							47						
18							48						
19							49						
20							50						
21							51						
22							52						
23							53						
24							54						
25							55						
26							56						
27							57						
28							58						
29							59						
30							60						
31							61						
32							62						
33							63						
34							64						
35							65						
36							66						
37							67						
38							68						
39							69						
40							70						
41							71						
42							72						
43							73						
44							74						
45							75						
46							76						
47							77						
48							78						
49							79						
50							80						
TOTAL IND.	1				1		81						
TOTAL DEP.	5				6		82						
TOTAL CLAIMS	6				7		83						
							84						
							85						
							86						
							87						
							88						
							89						
							90						
							91						
							92						
							93						
							94						
							95						
							96						
							97						
							98						
							99						
							100						
							TOTAL IND.						
							TOTAL DEP.						
							TOTAL CLAIMS						